

# THE AMA NEWS

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The Newspaper of American Medicine

## Capsules of the NEWS...

**Insurance:** Private health insurance coverage among senior citizens receiving Social Security OASI benefits has jumped almost 100% in six years. A recent government survey shows 43% of this group have private health insurance, compared with 22.7% six years earlier.

**Narcotics:** A proposed amendment to New York's Public Health Law would permit MDs to treat the state's estimated total of 17,000 drug addicts under prescribed conditions. New York State Bar Assn., in proposing amendment, suggested the illicit sale and use of habit-forming narcotics might be better controlled if the state regarded narcotics addiction as a subject for public health rather than law enforcement.

**Pharmaceuticals:** A total of 370 new pharmaceuticals were introduced in 1958—30 fewer than in 1957. This was the first significant decrease in six years. See story page 13.

**Liability:** A \$30,000 federal suit against Chicago's St. Luke's Hospital in connection with a death from an accidental overdose of drugs, has been settled out of court for \$22,500. The suit was filed in behalf of the estate of George A. Schwab Jr., Brentwood, Tenn., who died after a student nurse misread the dram symbol in a prescription as an ounce symbol and mistakenly administered three ounces of paraldehyde instead of the prescribed three drams.

**Diseases:** Communicable diseases now cause about one out of every 12 deaths in the U.S.—an average of about 150,000 a year. Some 1.5 million cases occur in a typical year, depriving children of some 100 million school days, and causing industrial absenteeism estimated to cost \$2 billion.

**TV Camera:** A new TV camera, developed in Australia, will permit surgeons to look around corners inside the body. A patient swallows a tube attached to the tiny camera. The camera can magnify body tissues and organs 30 to 40 times. Surgeons also can manipulate inside the body a foot-long tube at the end of the camera and the camera lens itself.

**Flu Deaths:** Ten per cent of the deaths from Asian influenza in New York City during the 1957 epidemic were pregnant women, according to the city's Department of Health.



"Dr. Schroeter is here to see you, Isabelle!"

## Experimentation In Man Weighed

Scientific experimentation on human beings, although ethically acceptable and vital to the progress of basic medical research, remains unrecognized by the law as a legitimate part of the doctor's activities.

This gap between the courts and "the moral concepts of Western civilization" is examined by Dr. Henry K. Beecher of Massachusetts General Hospital, Boston, in a report to the AMA's Council on Drugs.

Dr. Beecher calls for a redefinition of properly conducted human experimentation which will protect both subject and investigator. Such protection is essential, he writes, at a time when—

- Some types of basic scientific advance can be made only in the presence of disease.

- Recent developments in medicine have led to an actual, though extralegal, expansion of human experimentation.

**Legal Situation:** He points out that legally "the physician experiments at his peril," and yet "the adequate practice of medicine involves continual experimentation." He adds:

"No two patients respond precisely alike to any therapeutic procedure. Even in ordinary practice the able physician experiments until his treat-

(See Experiment, Page 2)

## Health Insurance Plan For Aged Suggested

### Senate To Study Problems of Aged

In a surprise move, the Senate Labor and Public Welfare Committee has set up a special subcommittee to make a year-long study of all the problems of the aged, medical included.

The subcommittee's first step will be to select a panel of "recognized authorities" in the field to lay down guidelines for the inquiry. Representatives of U.S. agencies then will testify at public hearings in Washington, D.C., as will spokesmen of other public and private organizations.

Following the Washington sessions, the subcommittee will go on the road for extensive hearings at selected cities.

Chairman of the subcommittee is Senator Pat McNamara (D., Mich.) who said he considers problems of the aged "one of the greatest sociological challenges facing America today."

Other members are: Senators John Kennedy (D., Mass.), Joseph Clark (D., Pa.), Jennings Randolph (D., W.Va.), Everett Dirksen (R., Ill.), Barry Goldwater (R., Ariz.).

### Nationwide Survey Counts Hospital Days

More than 16,738,000 people spent a total of 143,322,000 days in short-stay hospitals during the year ending June 30, 1958, according to a report by the U. S. National Health Survey.

The publication estimates that 70.4% of the hospitalization lasted 1 to 7 days, 18% lasted 8 to 14 days, and 3.5% lasted 31 days or longer. Average length of stay for men was 11 days, for women 7.2 days.

About 60% of the hospitalization involved surgery, with deliveries counted as surgery.

## Keogh Measure Goes to House

Legislation to encourage physicians and other self-employed to set up pension plans already has cleared its first hurdle and is moving ahead in Congress.

The House Ways and Means Committee reported the bill favorably for House action without the delay of hearings. It acted in conformity with the procedure under which legislation that passed the House last session but died in the Senate is approved by the committee almost automatically.

The bill, identified as the Keogh Bill, would permit the self-employed to defer income taxes on a part of their income if placed in retirement funds. The limit is 10% of annual income or \$2,500, whichever is the lesser. Over a lifetime the set aside limit is \$50,000.

Last year the measure passed the House overwhelmingly, but lost out in the Senate in a vote on technicalities.

A program to expedite the development of voluntary health insurance or prepayment plans at reduced premium rates for persons over 65 with modest resources or low family incomes has been suggested to state and county medical societies.

In a letter to medical societies, sponsoring or approving Blue Shield plans, the Committee on Insurance and Prepayment Plans of AMA's Council on Medical Service suggested that the societies give "earnest consideration to implementing special programs set forth by Blue Shield and other groups, which would carry out the intent of AMA's House of Delegates' action (last December)."

**Intent of Delegates:** AMA's policy-making body called for the immediate development of a program "that would be acceptable both to the recipients and the medical profession."

"Since voluntary health insurance is a primary means of financing health care, it is logical that the medical profession should look to insurance or prepayment programs to assist in meeting this new problem," the AMA Committee said.

The letter called attention to Blue Shield's special program for medical care coverage for the aged which is in keeping with the intent of AMA's House of Delegates resolution.

Objective of the Blue Shield program is (1) to develop a practical pattern of benefits designed to meet the special medical needs of persons over 65, and (2) to suggest a level of medical compensation for those benefits which would permit rates commensurate with the "modest resources or low family income" of persons in this age category.

**Alternative Sought:** While AMA's Committee on Insurance and Prepayment Plans agreed, in general with Blue Shield's special program, it also suggested that "a major effort must be made to provide an alternative to hospitalization."

This alternative might well be "a specified number of office and home calls per year, which would permit calls to nursing homes as an alternative to hospitalization."

The Committee also said that income ceilings and physicians' fees for any plan must be viewed in the light of local or state conditions.

Blue Shield's special program recommends that the following benefits can be provided with reasonable premium rates:

Surgery wherever performed; anesthesia; in-hospital medical care for

(See Aged, Page 2)

### Same Old Story

Government medicine in West Germany is floundering. See a report on page 12.



# 'New World' Nearer, Say Aldous Huxley

Drugs that alter man's moods—the tranquilizers, psychic energizers and hallucinogens—will be the means by which future dictators will enslave the world.

And America, unless it awakens to the dangers of such drugs, will drift into dictatorship while still retaining all the trappings of democracy and believing itself still free.

These are the pessimistic predictions of Aldous Huxley, noted author and amateur experimenter with psychopharmacapeutics, expressed before a recent three-day conference on "A Pharmacological Approach to the Study of the Mind," held at the University of California's Medical Center in San Francisco.

**'New World' Nearer:** Huxley told some 350 scientists that their advances in the field of brain drugs have "considerably shortened" the arrival of his "Brave New World."

In that novel, published in 1932, Huxley predicted a world—about 500 years hence—where people would be happily enslaved by genetic pre-conditioning, plus drugs to keep them happily tranquil or to stir them to action deemed desirable by their rulers.

He urged that scientists join with other men to help control the use of such drugs, lest they be deliberately or unconsciously misused.

**Obedience, Conformity:** "We find ourselves at the mercy of the very things we have developed for our own good," Huxley said. "Thanks to these

new drugs the dictators of the future will have no need to bully men into obedience and conformity. They will get men to love their servitude."

For their part, the scientists showed wide differences of opinion as to the efficacy and use—for good or bad—of the mind drugs.

Emphasizing the cause of many such differences, Dr. Joel Elkes, chief of the Clinical Neuropharmacology Research Center, National Institute of Mental Health, deplored the lack of "semantic tools" in the study of drugs and mental illness. He added:

"The same drug in the same dose in the same subject will lead to very different effects according to events which precede, accompany or follow."

**Opinions Differ:** As if to prove his plea for the right semantic tools, these differences arose among the participants:

Dr. Nathan S. Kline, director of research, Rockland State Hospital, Orangeburg, N.Y., claimed great success for the tranquilizers, noting that they had been largely responsible for the first decline in history of the populations of state mental hospitals.

Dr. Alexander Simon, chairman, Department of Psychiatry, University of California, insisted that too much credit had been given the tranquilizers. He said the discharge rate in mental hospitals was due chiefly to increased appropriations, more mental hospital workers, better job opportunities for discharged patients, and more liberal criteria for discharges.



AP Photo  
DR. NATHAN S. EDDY and Everett L. May, Ph. D., both of the National Institutes of Health, Bethesda, Md., are the developers of a new pain killer which in preliminary tests appears to be 10 times more powerful than morphine and yet less addicting and safer. The drug, made from derivatives of coal tar, is one of a new series of compounds known as benzomorphans.

## Experiment . . .

(Continued from Page 1)

ment is successful or the patient dies."

The legal situation becomes even more difficult, Dr. Beecher writes, "when the research is not designed to benefit the immediate patient but rather patients in general."

The purpose of his study, which has been adopted by the AMA Committee on Research and published in the Jan. 31 *Journal of the American Medical Association*, is "to present sound background data, common-sense views, and principles of procedure rather than rules."

**Codes Reviewed:** Dr. Beecher's review includes statements made by governmental, scientific, and religious groups. He cites codes ranging from the ancient Hippocratic Oath to a recent World Medical Assn. summary.

Among the points to be considered in the redefinition, Dr. Beecher mentions:

- Animal experimentation must precede human experimentation when possible.

- Importance of the project must be commensurate with the risk involved.

- Human subjects must be informed of dangers and give their voluntary consent. Even then, the physician must consider that the patient may not fully understand the implications of consent.

Other phases of the complex problem discussed are:

- Self-experimentation by physicians.

- Use of volunteer civil prisoners.

- Use of volunteer laboratory personnel and medical students.

- Use of a "volunteer corps," such as conscientious objectors to military service.

- Use of patients who are near death or "hopelessly incurable."

- Relationship between subject and investigator as compared to the patient-physician relationship.

## TV Series Set

The American Medical Association will cooperate with the Upjohn Company on a series of three half-hour television programs. Titled *Your Health and Your Job*, they will be seen in Cincinnati at 7:30 p.m. Feb. 16, 17 and 18 over WKRC-TV.

## Chance For MD Tax Break Seen

There's a better than even chance that self-employed professional persons such as physicians are going to be given a tax break—for retirement purposes—by this session of the Congress.

That's the prediction of Congressman Frank Ikard, Wichita Falls, Texas, a member of the Ways and Means Committee.

"The professional people in this country are in many respects the forgotten people of our federal tax laws," he said. "Present income tax discriminates against the professional groups on several counts."

Such discrimination, Ikard said, would be eliminated by enactment of H.B. 10, introduced by Representative Eugene Keogh of New York.

Congressman Ikard also commented on proposals to provide health service for old people.

He said he opposed the Forand Bill but that there was "an apparent growing sentiment" for legislation of this type. He did say, however, that he didn't think the Forand Bill would be considered by this session of Congress.

"I am fearful that unless the medical profession comes up with a solution the strong current now inspired by many elements in our country will force the government to take action."

## Heart Research Progress Cited

The president of the American Heart Association says the soundness and productivity of the assault on cardiovascular diseases by U.S. scientists has set a pattern for other nations.

Speaking in Baltimore, Md., in conjunction with the opening of the 1959 Heart Fund Campaign, Dr. Francis L. Chamberlin of San Francisco listed the following significant gains in heart research:

- Vastly improved methods of diagnosis.

- Drugs to prevent many initial and recurrent attacks of rheumatic fever.

- New and improved methods of treating heart attacks and strokes, including anti-coagulant drugs.

- New drugs to control high blood pressure.

- Heart operations to repair damaged valves, correct congenital defects, as well as surgery to replace damaged sections of arteries.

## Physicians Honored By Princeton Class

The 12 physician members of the Princeton University class of 1915 were honored at a recent class dinner.

Participating in a "Princeton Panel on Medicine" were Drs. E. L. Bortz, a past president of the American Medical Association; Dr. John R. Paul, virologist at Yale University; Joe Vincent Meigs, clinical professor of gynecology at Harvard University; Lay Martin, Johns Hopkins gastroenterologist; Val Ellicott, Baltimore, and C. E. Towson, Philadelphia.

Moderator for the discussion was Thomas A. Hendricks, assistant to the executive vice president of the AMA, also a member of Princeton's 1915 class.

## Draft Bill Goes To House Floor

Congress now has under active consideration a proposal, supported by all the military services, that the general draft act and its special doctor draft amendment be continued for four years beyond its scheduled expiration date of next June 30.

Also scheduled to die on that date is authorization for the \$100 a month special pay received by all physicians and dentists in uniform. However, Defense Department is not asking that it be extended in the bill under consideration, but plans to make a later request for its continuance.

The House Armed Services Committee has cleared the bill for the House floor where passage was a foregone conclusion.

The doctor draft section makes physicians and dentists who have had educational deferments subject to draft call up to their 35th birthday.

The three services now have 10,543 medical officers in active duty—4,399 in regular service, 6,144 in the reserves. Of those in the reserves, 4,465 are on active duty because they have liability for service under the doctor draft act. The services would like to have at least two-thirds of their doctors regulars.

Although the ratio varies throughout the year, there are about 3.4 physicians in the armed forces for every 1,000 men. (In totaling armed forces physicians, interns are not included and residents are counted as one-half a physician.)

## Aged . . .

(Continued from Page 1)

120 days; diagnostic x-ray in the hospital, in the hospital out-patient department or doctor's office if hospitalization follows, and radiation therapy.

**Flexible Ceilings:** Blue Shield suggested that income ceilings could be flexible according to the economic level of the area served with a possible range of \$1,500 single and \$2,500 husband and wife, to \$2,000 single and \$3,000 for the combined incomes of husband and wife.

In determining a level of compensation for services rendered which would produce a rate or premium charge within the means of this older group, Blue Shield's actuarial committee used a relative value schedule similar to that in effect in California, Michigan and other areas, placing a \$1.50 unit value on surgery and anesthesia.

In-hospital medical care was scheduled at \$5 for the first day, \$3 a day for the next 19 days, and \$2 a day for the remainder of the 120 days. Diagnostic x-ray and radium therapy were rated on the basis of \$2 per unit value.

This schedule produced an average rate of \$2.15 per person per month. The Blue Shield committee, however, felt that this charge should vary somewhere between \$1.75 and \$2.25 depending on utilization and the medical practice in the local area.

John W. Castellucci, executive vice president of Blue Shield, said, "We re-emphasize that this is a special program for the aged and to be effective there must be a high degree of uniformity of elements of coverage if it is to be labeled as such."



## Scanning the News

**Cancer Survey:** Start of the largest medical statistical study ever attempted—planned to include 500,000 homes—has been postponed to a tentative date of next fall, American Cancer Society reports.

**Revives Tot:** A San Francisco MD revived a 4-year-old girl by breathing into her mouth for three hours, after the child's mother had given her up for dead. Dr. Sanford Marcus was exhausted at the end of the ordeal. The youngster, Susan Nezik, stricken by severe sore throat, resumed normal breathing but remained in critical condition. Dr. Marcus' newborn son drew nationwide attention in 1955 when he was kidnaped from a San Francisco maternity ward and kept 10 days.

**Research:** The pharmaceutical industry spent \$170 million last year for research and development—up 34% over 1957. The figure is expected to reach \$190 million this year, according to a survey by Pharmaceutical Manufacturers Assn.

**Plastic Bag:** A warning against allowing infants to play with thin plastic bags such as those used to wrap dry cleaning, has been issued by Dr. Paul B. Jarrett, Phoenix, Ariz. He said four Phoenix infants have suffocated in recent weeks while playing with the material. An electrostatic charge works up in the material and it may literally grab the face of the youngster through electrical attraction.

**Examination:** Every woman over 20 who enters University of Chicago clinics as a patient—regardless of the nature of her complaint—can be examined routinely for gynecological cancer. Specimens—an average of 4,000 a month—are processed at the new Comdr. Eugene F. McDonald Jr. Memorial Laboratory for Exfoliative Cytology.

**Heart:** Heart diseases now are responsible for more than 54% of all deaths in the U.S., according to Dr. Francis L. Chamberlain, San Francisco, president of American Heart Assn. Contributions to 1958 Heart Fund totaled a record \$22,345,718, a gain of more than \$2 million over 1957.

**Nominee:** Dr. Adrian Kantrowitz, chief heart surgeon at Brooklyn's Maimonides Hospital, has been named by *Pageant* magazine as one of 10 Americans "who will enrich life for us all in the next 12 months." Dr. Kantrowitz, who developed a heart-lung machine, now is perfecting his "second heart," a booster pump inserted within the body which reduces the work of man's natural heart by as much as 25%.

**Grants:** The \$64,700 in grants to Japanese researchers from the U.S. government in 1958 exceeded the total spending of the Japanese government on cancer research, according to Dr. Tomizo Yoshida, director of the Japanese Anti-Cancer Assn.

**Psychiatry:** Cypress knees—the gnarled, twisted outgrowths from the roots of cypress trees—are being used as sort of a 3-D Rorschach test by Dr. Edward F. Kerman, Boston psychiatrist. In the test, a half dozen cypress knees are given to an individual who is asked to give his reactions to the various shapes.

## Basic Research

# The Outcome Affects Everybody

(Editor's Note: The following is a condensation of an article, "What Makes Basic Research Basic?" by Hans Selye, who directs the Institute of Experimental Medicine and Surgery at the University of Montreal, Canada. The article in its entirety appears in the January 24 issue of *The Saturday Evening Post* and excerpts are reprinted here by special permission.)

Until recently most of us engaged in basic research saw no reason to explain our work or our motives to the public. We felt there was something vulgar in discussing our peculiar problems with people not fully prepared to appreciate all the fine technical points and that it would be an immodest bid for attention. We felt that the singular world of basic research could be understood only by those who live in it.

Now, however, as Bertrand Russell puts it, "Not only will men of science have to grapple with the sciences that deal with man—but this is a far more difficult matter—they will have to persuade the world to listen to what they have discovered. If they cannot succeed in this difficult enterprise, man will destroy himself by his half-way cleverness."

**Everybody's Responsibility:** The basic research of today produces both the lifesaving drugs and the destructive weapons of tomorrow. Its outcome will affect everybody, and in a democracy whose people decide how wealth shall be distributed everybody shares the responsibility of developing the nation's scientific potential. But how can anybody vote intelligently without some grasp of the problems bearing upon that development?

Bridging the gap between the scientist and the general public will not be easy. The former will have to learn to translate his problems into a language meaningful to the layman; the latter will have to realize that, however simplified, the essence of basic research cannot be assimilated without mental effort.

Basic research is thought of as the opposite of "practical" research, the kind that can be immediately applied. The development of weapons, TV sets or vaccines is obviously practical. Studies of the inner temperature of distant stars, of the habits of infinitely small living beings, of the laws governing the inheritable coloration of flowers, all seemed eminently impractical—at least when first undertaken.

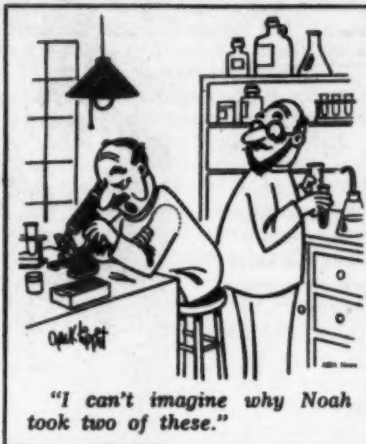
**Public Ridicule:** They were viewed as sophisticated pastimes, pursued by intelligent but somewhat eccentric, maladjusted people, whose otherwise excellent minds had been sidetracked by a queer interest in the farfetched and useless.

## 'Wonder Food' Hit by FDA

Week by week, Food and Drug Administration continues to round up promoters of phoney medical preparations.

"Pollen Gold, the Wonder Food," a candy, and "Pollen Gold Food Supplement" capsules were seized because FDA didn't agree with their claims that they promote relaxation and long life, that they repair worn out tissues and increase sexual potency, or that they relieve coughs.

Under a consent decree, both products are being relabeled to comply with the law.



When Louis Pasteur reported that germs might transmit diseases, he was ridiculed. Fancy a grown man worrying about being attacked by bugs so small no one could see them!

Yet, without basic knowledge of the behavior of distant stars, we would not be placing satellites in orbits today; without knowledge about bacteria, there would be no vaccines and antibiotics; and without those observations on the inheritance of color in peas, modern genetics—with its importance to agriculture and medicine—could never have developed.

Such considerations must arouse public interest in basic research. They are bound to make people realize that the more manifestly sensible and practical a research project, the closer it is to the commonplace we

already know. Thus, paradoxically, knowledge about the seemingly most farfetched, impractical phenomena may prove the likeliest to yield novel basic information, and lead us to new heights of discovery.

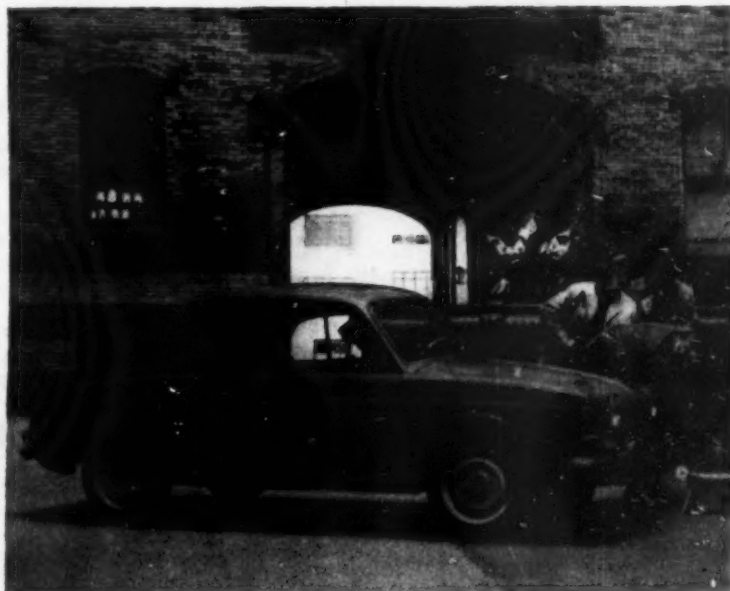
**Three Characteristics:** To my mind, it is characteristic of great basic discoveries that they possess, to a high degree and simultaneously, three qualities: they are true not merely as facts but also in the way they are interpreted, they are generalizable and they are surprising in the light of what was known at the time of the discovery.

Let us consider a really great achievement of basic research: The observation by Alexander Fleming that penicillin can kill varieties of disease-producing microbes, at dose levels tolerated by man. This is true both in the fact itself and in the obvious inference that penicillin can protect against infections. It is also a generalizable observation. It has enabled other investigators to discover many useful drugs derived, like penicillin, from molds. And, finally, it was surprising to find that molds, which we regarded as contaminants, can have a curative value.

We can no longer afford to allow scientific genius to remain idle for want of money. Nor can we afford to concentrate all our attention upon the physical sciences because of Sputnik. Nuclear war may or may not come, but the war against disease and death from "natural causes" is on now.

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## Editorial Viewpoint

### Emergency Calls

A recent incident in Chicago points up the importance of periodic appraisals of emergency medical call systems. It also raises this question: What is an employer's responsibility when it comes to emergency medical care for his employees?

In the Chicago case, it was alleged there was a delay in answering an emergency call in which an employee in a county office was pronounced dead upon the arrival of the physician. Although a doctor arrived about seven minutes after receiving the call, there apparently had been some heckling and misunderstanding between telephone operators on the two switchboards over who would pay the \$10 fee.

The result was unfavorable publicity for the medical profession even though later facts didn't justify it.

Purpose of the emergency call plan is to insure contact between the patient and a physician in time of medical emergency. There are three essentials to smooth operation of these plans: (1) a group of physicians available for emergencies, (2) an agency to answer and dispatch the calls, and (3) extensive publicity to inform the public such a service exists and how to use it.

Inability to locate a physician in an emergency is regarded by the public as evidence that local medical care is inadequate, and inevitably results in bad public relations.

Public sentiment places upon the medical profession the responsibility of providing around-the-clock emergency medical service—a responsibility which most medical societies willingly assume. But employers and operators of large office buildings which house hundreds of workers also have responsibilities in this area.

While most large industries provide full-time nurses or physicians, scores of large office buildings throughout the country have made no provisions for handling emergency medical situations.

Perhaps it is the medical profession's responsibility to encourage these employers to arrange, in advance, for a physician to cover their place of business should an emergency arise. And wherever possible, employers should have available for use in emergencies oxygen, a wheel chair, stretcher, and the normal first aid equipment.

No physician should refuse to make a bonafide emergency call because his fee is not guaranteed in advance, but here again the employer should make some advance preparations in that regard, too. This isn't a one-way street.

Many times when an emergency call system fails to function as it should, it is not the fault of the medical profession but rather lack of advance preparation on the part of the employer.

When such is the case, the blame should be placed where it rightfully belongs. The motto, "Be Prepared," applies to the employer just as it does to the medical profession.

### Telephone Tax

Old taxes never die . . . they have to be killed. Today—13 years after World War II—the "temporary" 10% wartime emergency tax is still added to each telephone bill you pay.

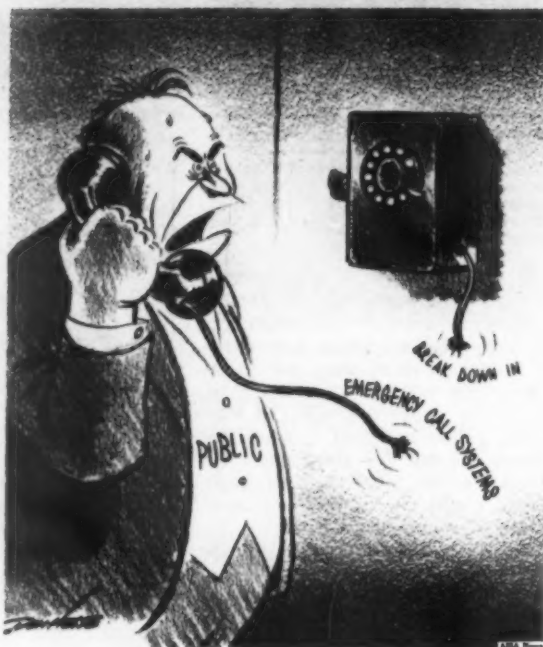
The tax was passed in 1941 to discourage new telephones and to limit the use of service, especially long distance, at a time when telephone facilities were scarce. It never was removed.

A telephone is a necessity, not a luxury, in most homes and offices, but it is taxed at the same rate as many "luxury" items—furs, perfume, and jewelry. No other essential utility—water, electricity, or gas—bears any federal excise tax, nor should they.

For years the telephone company has been working to have this tax eliminated. One congressman calls it one of the most unfair taxes ever enacted by Congress.

You may want to let your congressman know how you feel about it.

## "Where Is That Darned Doctor?"



### As Others See It

The great thing in this world is not so much where we are, but in what direction we are moving.—Oliver Wendell Holmes.

• **Lemuel R. Boulware**, vice president, the General Electric Co.: "America's freedom and well being may be dumped on the junk pile of history unless our people have the gumption and character needed to stop this silly, suicidal spending. . . . The political battle today seems to boil down to one between obviously sound and rewarding practices and obviously unsound something-for-nothing theories that have been and still are being proved spurious as well as unsuccessful wherever tried."

• **Adm. Ben Moreell**, (Ret.), director Jones and Laughlin Steel Corp.: "Our common sin is that we have yielded to the blandishments of political adventurers who promised that government would provide for all our basic needs. Whatever government gives you, it must first take away from someone else; and conversely, whatever it gives someone else it must first take away from you. . . . In current theory, government promises to play Robin Hood, robbing the rich to pay the poor. The theory is thoroughly immoral—but the practice is even worse."

• **Paul L. Morrison**, former assistant director of federal budget: "Underlying the rising government expenditures are two factors—the steadily growing demands by the American public and pressure groups within it for more benefits and services from Washington, and the bowing to those demands by politicians eager for votes. . . . As long as the public and groups within it continue to ask for, and receive, more and more benefits which the government cannot afford if it is to stay within its income, there is only one road open to Washington. That is the inflationary route with all of its potential perils to the economy."

• **Milton Friedman**, economist, University of Chicago: "Political freedom means the absence of coercion of a man by his fellowmen. The fundamental threat to freedom is power to coerce, be it in the hands of a monarch, a dictator, an oligarchy, or a momentary majority. By removing the organization of economic activity from the control of political authority, the competitive enterprise market eliminates this source of coercive power. It enables economic strength to be a check to political power rather than a reinforcement."

### Nothing Serious

• The morning after a rather gay party Old Lush said to his wife, "Get me an aspirin, and don't slam the lid!"

• Someone has said that worry is interest paid on trouble before it falls due.

• When a girl says she's got a boyish figure, it's usually straight from the shoulder.

## Letters

... As Readers See It

### Interns' Stipends

• Since the first issue of *The AMA News* reached me several weeks ago I have felt for the first time that the AMA was an organization made up of living, breathing individuals rather than a figurehead separate and distinct from the practicing physician. Receiving *The News* is like receiving a letter from all other members of our profession. With this feeling I have discovered a need to share some of my thoughts with other physicians.

My internship was spent in the service; I feel that I fared well during this period of my life. On the other hand I have observed many young physicians who were less fortunate than I in their internships and who have emerged cynical, destitute of funds, and hostile. It is common knowledge to physicians that most interns are paid less than kitchen servants, as are residents. Most of these men are married with children and perform highly exacting services working long hours. To this treatment these junior physicians are expected to respond with a selfless devotion to duty, the patient, and the hospital staff. The amazing thing is that they do react in this way.

I am amazed that the AMA has allowed this unfair practice to continue so long. Why has no one felt it the duty of the AMA as the voice of the medical profession to bring pressure to bear upon all hospitals, both private and public, to give our young physicians a living stipend? Why should ethical atrocities be allowed against the future medical profession?

*The AMA News*, by investigation and analysis of this situation, can render a valuable service to a huge segment of the medical profession by advocating a living minimum wage for interns and residents.

NEILL B. LONGLEY, MD.

Abilene, Texas

### Car Rentals

• I have been renting a car for the past three years and am very happy with the idea. It costs about the same, or perhaps a few dollars a month more, but the convenience is well worth it. (Also, the last car I had, a new name in an old motor family, was a lemon. If I had owned that car I would have suffered a severe financial loss when buying a new one.)

One word of caution. When a dealer sells you a car, he tries to load it up with everything. When the lessor rents a car, he tries to keep all accessories off so his price will look good. Therefore, I would suggest that the renter decide in advance just what accessories he wishes and then specify that in the contract. Otherwise he will be disappointed.

ARTHUR NIGHTINGALE, MD.

New Hyde Park, N.Y.

### Gland Transplant

• *The AMA News* carried an article, "Gland Transplant Termed Success." The story described the successful parathyroid gland transplantation performed at the New England Deaconess Hospital in Boston.

Reference is made to the "Year Book on Surgery" 1957 and 1958, plus recent publications in "The Transplantation Bulletin," the "Journal of the Albert Einstein Medical Center," and "Surgery." All have clearly indicated that the first successful complete parathyroid gland homotransplantation was done by Dr. Julian A. Sterling at the Albert Einstein Medical Center in November 1952. The patient for whom this was done is well now, 6½ years later. Two other patients Dr. Sterling treated similarly are also well today, 3 and 4 years after the homotransplantations. In no case was identical twin tissue used.

HARVEY L. SHAPIRO

Albert Einstein Medical Center

Philadelphia, Pa.

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## Medical Education

# Specialism—Is It Coming or Going?

Two speakers at the 55th annual Congress of Medical Education and Licensure expressed somewhat divergent views on the future of specialism in medicine.

The increasingly vast amount of knowledge makes specialism inevitable, declared Moody E. Prior, Ph. D., dean of Northwestern University's Graduate School.

"We are in a better position than any before us to realize that the pursuit of excellence demands specialization," Dean Prior told the Congress which attracted nearly 1,000 medical educators and others to Chicago Feb. 7-10.

**Maintenance Medicine:** A greater role for maintenance medicine and a less important one for specialism was predicted by Dr. Iago Galdston, secretary for the New York Academy of



Dean Prior

Dr. Galdston

Medicine's Committee on Medical Information.

"I have opined that specialism is here to stay—but not that it will stay the same," Dr. Galdston said. "Specialism is in effect threatened by its

own technological instrumentalities. I cannot envision automation taking over the surgeon's work, but it may well take over that of his anesthetist."

The diagnostic laboratories are taking over more of the tasks in exercise of judgment formerly performed by the specialists, Dr. Galdston noted.

**Revolutionary Change:** "While specialism will remain as a department of medical service, medical science per se, and medical service per force, will undergo a revolutionary change," predicted Dr. Galdston.

He sees medicine, under the unifying influence of the biological sciences, becoming "a consistent and meaningful discipline compact in principle and pervasive in application."

He divided the practice of medicine into two categories, episodic, "practiced in emergent situations . . . best exemplified in the surgeon's work," and maintenance, "devoted to fostering the every-day well-being of the individual . . . best represented in the common practices of the pediatrician and of the non-specialist internist."

Medicine, which has been in the episodic stage, is on the verge of the maintenance stage, said Dr. Galdston. Maintenance medicine calls for "greater knowledge and understanding of man as a living creature whose being is framed by a world of many and varied realities."

**Specialist Necessary:** Dean Prior, however, said the specialist is "an absolute necessity in the advanced state of our technological success and the magnificent complexity of our civilization."

As our culture's total knowledge increases, the area of individual ignorance becomes correspondingly greater, Dean Prior said.

Northwestern's dean suggested an increased use of teams of specialists to maintain a concern for the total human being. He also urged that medical education encourage the medical specialist "to temper his exclusive concern with the physical sciences and medical techniques with an interest in other sources of knowledge and wisdom about man."

## Rural Physician Finds Life Hard but Rewarding

In the practice of medicine Dr. John M. Smith has fallen into creeks and has ridden tractors to see patients in rural Eastern Kentucky.

"One night I was awakened at 1 a.m.," he remembered. "I went with the caller to see the man's wife, gave her some pills and returned home to bed. Less than 30 minutes later I was brought out of bed again."

"It was the same man. 'Better come again, Doc, she ain't a bit better.'"

**Loan Obligation:** These incidents are part of practicing medicine in a rural community, which the 36-year-old physician was obligated to do for one year. But he now has been in Beattyville, Ky., a town of 1,500 people, for 7½ years.

"I decided to remain in a rural community after continually swearing I would not, because I was needed and I found I had begun to like independent general practice," explained Dr. Smith.

The obligation to spend a year in a rural Kentucky area was assumed while in his senior year at the University of Louisville College of Medicine. He borrowed money from the Rural Kentucky Medical Scholarship Fund, sponsored by the Kentucky State Medical Assn. and the school. The fund requires a year of rural practice for every college year in which a loan was granted.

When it came time to open his office, the young physician looked over the state, studied per capita income, the need of a physician and decided that Beattyville, on the edge of the Blue Grass country, was a good place.

**Chamber President:** "The practice grew by more than leaps and bounds," said Dr. Smith. "Before I could get my office opened in a renovated drug store, people were after me day and night. I suddenly found myself with more practice than I could handle."

Dr. Smith has become a member of the Masons since arriving in Beattyville and has served as president of the town's Chamber of Commerce. He also is active in church and school work. Dr. and Mrs. Smith have three boys and one girl.



Dr. John M. Smith

Lack of free time and recreation was the greatest disadvantage Dr. Smith found. But that has been alleviated since he and the town's other physician have agreed to alternate taking emergency and night calls.

Other disadvantages are not having a laboratory, hospital, and other special equipment.

**Midwifery:** "One winter I delivered premature twins in a mountain cabin and needed to take both the mother and babies to the hospital," recalled Dr. Smith. "There was no hot water bottle available. So I called upon a rather large midwife with more than sufficient bosom."

"I placed the mother in the back seat of my car and the midwife in the front seat with one baby under each breast. Today these twins are starting to school."

"I have taken country hams—at the exchange rate of \$1 pound—in payment for medical services," Dr. Smith said. "I have made calls in tractors because that was the only way to get there. I have crossed the Kentucky River at flood stage in small boats in pitch black night to deliver babies. I have fallen into creeks while making calls."

"One of the main advantages of practicing in a small town is the existence of what was once considered lost—that is the concept of the family doctor," explained Dr. Smith.



"I think he'll be all right for now. When he wakes up, hit him with this."

## Long Career Interrupted

Iddien Reece Conner, accused of impersonating an eye specialist for 20 years, has been arrested in Missouri on five fraud charges.

Police said he had charged people from \$3.75 to \$1,297.50 in Osage County, Mo. The officers said Conner had warrants pending against him in at least 20 other cities and towns.

Conner's usual method of operation, according to police, is to tell a patient that cataracts are developing. He then puts his own "radium water" in their eyes, covers the eyes with a bandage containing a piece of membrane from an eggshell.

Upon removing the bandage, he will show the patient the egg membrane, describing it as the offending cataract. He will then collect his fees.

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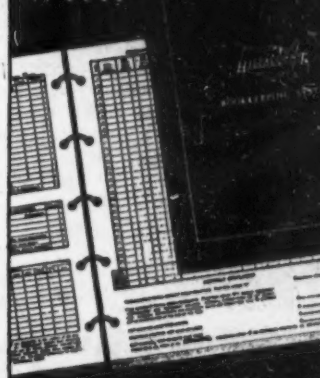
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# Here's an Analysis of Medical-Health Bills

The AMA News will publish periodically an analysis of the most important health-medical bills before Congress.

It should be kept in mind that not all of the bills will reach the state of hearings, and of these only a few will move on to the floor of the House and Senate for final action.

Senate bills are referred to by number as S.—; House bills carry the designation H.R.—. If you would like a copy of the bill itself, write your own Representative or Senator.

**Hospitalization Under Social Security, H.R. 412, by Roberts (D., Ala.).** To Ways and Means Committee.

This is somewhat like the Forand and other similar bills that were discussed at hearings last year but not acted upon. It would offer 60 days of hospitalization annually to social security beneficiaries, including all usual in-hospital medical and nursing care, drugs and appliances, laboratory and ambulance services. The attending doctor would certify the need for hospitalization, but tuberculosis and mental conditions would be excluded. The U. S. would designate the states as its agents in dealing with hospitals and insurance companies, but if a state declined to cooperate, the secretary of HEW could move in and set up a program.

**Housing Program, Including Aid to Proprietary Nursing Homes, S. 57 by Sparkman (D., Ala.).** To Banking and Currency Committee.

One provision of this omnibus bill would authorize the Federal Housing Administration to insure mortgages for construction or rehabilitation of proprietary nursing homes. Loans could be up to \$2.5 million or 75% of the value of the property, whichever is less, with interest at 4.5%, plus a half per cent insurance premium. FHA would have specific authority over certain phases of the homes' financing operations. FHA would be required to obtain the advice and recommendations of Public Health Service. The bill defines a private-profit nursing home as "a proprietary facility which is or will be licensed or regulated by law, which provides continuous medical and



nursing care to the long-term, convalescent, infirm, or elderly patient in a home-like atmosphere, furnishing facilities and comforts normally found in a patient's home, and which provides, in addition thereto, such specialized services, equipment and safety features as may be required for the safe, proper and adequate care of patients at all times." This is identical with a bill that passed the Senate last session.

**Diagnostic-Treatment Centers in Rural Areas, H.R. 85 by Coffin (D., Me.).** To Interstate and Foreign Commerce Committee.

Under present law, Hill-Burton hospital construction grants are restricted to states, political subdivisions and nonprofit hospitals. For diagnostic-treatment centers in rural areas, this bill would offer grants also to a "nonprofit corporation or association which has a formal affiliation with a nonprofit teaching hospital." Grants could not exceed \$25,000 per project.

**To Drop Age Limit on Disability, H.R. 107 by Jennings (D., Va.).** To Ways and Means Committee.

Under present law, social security benefits may be paid to a disabled person at age 50. This bill would eliminate the restriction, thus offering disability payments to a disabled person at any age if he met the other requirements.

**Encourage Voluntary Pension Plans, H.R. 9 and 10, by Simpson (R., Pa.) and Keogh (D., N.Y.).** To Ways and Means Committee.

These bills are identical with H.R. 10 in the form that bill passed the House last year. Their objective is to allow the self-employed to defer payments of U. S. income taxes on a part of their income put into a retirement plan, thereby giving them tax

status comparable with corporation employees. The set-aside could be up to 10% of income, but not more than \$2,500 annually, whichever is the lesser. Maximum lifetime amount could not exceed \$50,000 and the program could not continue beyond age 70. Those age 50 or more at time of passage could increase the set-aside by one-tenth for each year past 50. The bill lays down specific directions on the type of retirement arrangement that could be approved. Payments must start at age 70 years, six months, and must be completed at age 80. A tax penalty is provided if the money is withdrawn prior to the scheduled date.

**U. S. Control over Barbiturates and Amphetamines, H.R. 33 by Boggs (D., La.).** To Interstate and Foreign Commerce Committee.

The federal government has control over interstate shipments of barbiturates and amphetamines, but not over intrastate operations. On the argument that interstate control is not effective without intrastate control also, this bill proposes giving the U. S. full authority to regulate the manufacture, compounding, processing, distribution and possession of these drugs. Registration and record-keeping would be required of most handlers, but not of physicians. Hearings were held on an identical bill last session, but no further action taken.

**Agency for the Handicapped, H.R. 122, by Kee (D., W. Va.).** To Education and Labor Committee.

For a number of years bills to establish a federal agency for the handicapped have been introduced, but all have been opposed successfully by the Administration. This bill would turn over to the new agency almost all other U. S. activities concerned with the handicapped, except those con-

ducted by Veterans Administration. Also, it would provide funds for grants to states for research and to build and improve rehabilitation centers.

**Reinsurance of Health Plans, H.R. 167, by Lane (D., Mass.).** To Interstate and Foreign Commerce Committee.

Several years ago the then Secretary Folsom of HEW failed to get congressional approval of a plan to waive U. S. antitrust laws so health insurance companies could pool resources for experimentation in extending coverage to groups difficult to insure, such as the aged and the rural population. This is essentially the same idea, but limited to small firms. No action was taken on this legislation last session.

**U. S. Employee Health Insurance, H.R. 178 by Lane (D., Mass.).** To Post Office and Civil Service Committee.

This legislation is designed to establish a health insurance program for federal civilian workers, a field in which many plans have been offered in recent years. Rep. Lane suggests the U. S. pay one-third of the cost of basic coverage, with the employee paying two-thirds. The U. S. then would pay the full cost of catastrophic coverage. Some other bills call for the U. S. to pay two-thirds of the cost of basic insurance. To facilitate the program, the bill also would authorize payroll deductions for premiums.

**Bureau of Older Persons, H.R. 314, by Addonizio (D., N. J.).** To Education and Labor Committee.

Because of the growing problems of the aged, Rep. Addonizio proposes that the U. S. form a Bureau of Older Persons in HEW. It would first distribute \$2 million among states to help them develop plans for the benefit of the aged. Then, to assist states to carry out programs planned with the initial grant, the bureau would distribute \$2 million the first year, \$3 million the second, \$4 million the third and \$5 million the fourth.

## Average American Hurt, Sick 2 1/2 Times a Year

As a statistic, the average American suffers an injury or is ill about two and one-half times a year.

This is one of the findings of the National Health Survey in its continuing effort to learn the facts about the nation's health. The information on acute conditions incidence and associated disability is contained in the survey's newest report, covering the 12-month period ending last June 30 and based on nationwide household interviews.

The report shows that the incidence was highest in the youngest age groups and decreased progressively in each older age group. The rates ranged from an average of four illnesses among children under five to 1.6 illnesses a person 65 and over.

Respiratory ailments accounted for 35% of all the illnesses with diseases of the upper respiratory tract ac-

counting for 31.1% of all the cases of acute conditions. Respiratory ailments caused an average of seven days of restricted activity per person, about half of this time involved bed disability.

The days of restricted activity included 219 million days lost from work, and 196 million days lost from school. The incidence of these illnesses reflects the impact of the Asian influenza epidemic which occurred during the year, the report said.

Infectious and parasitic diseases accounted for 8.8% of the illnesses, digestive system conditions 5.5%, injuries 10.9% and all other acute conditions 9.8%.

The report, Public Health Service publication No. 584-B6, is for sale by the Government Printing Office, Washington 25, D.C., for 35c a copy.

## Cancer Drug Not Promising

Public Health Service is telling the medical profession not to expect too much from mitomycin C, an antibiotic that some time ago was reported as a promising agent in the treatment of cancer.

In pilot clinic evaluation tests, the PHS says, the drug "has frequently produced major toxic reactions but seldom objective improvement."

Japanese scientists made promising reports at a Symposium on Antibiotics conducted in Washington, D.C., last October 16. Following that, a limited quantity of mitomycin C was produced by Bristol Laboratories for tests at the Cancer Chemotherapy National Service Center at the National Institutes of Health.

Said the Center: "In view of the effects observed in three current studies, it has not so far replaced the standard chemotherapeutic agents in any form of cancer."



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# Health Budget Goes to Congress

Another record high health budget has been submitted to the new Congress by the Administration, and now the question is how much it will be increased by congressional action.

For the Department of Health, Education, and Welfare, the principal spender in the health field, the President asked Congress for \$3,176,000,000 for the 12 months starting this July 1. This is 1.6% under the estimated spending for the current fiscal year, but it's 12% above the amount the administration requested a year earlier.

The last Congress was particularly generous in the amounts it voted for such things as medical research, Hill-Burton hospital construction grants and the National Library of Medicine.

**Construction Cuts:** President Eisenhower appears set on balancing the budget and combatting inflation. With this in mind, he proposes sharp cuts in federal construction as well as in support of non-federal building.

Accordingly, he trimmed Hill-Bur-

ton grants back to \$101.2 million from the record high this year of \$189.2 million. The lower figure, according to HEW, would allow for population growth and loss of hospitals by fire and other casualties. But it would not help in reducing the backlog of applications.

The matching grants program for building laboratory facilities in medical schools doing research in crippling and killing diseases would be trimmed from \$30 million to \$20 million a year. Grants to states and communities for waste treatment plants under the Water Pollution Control Act would be cut from \$45 million to \$20 million.

**Medical Research:** No part of the HEW budget receives better treatment at the hands of Congress than that providing for medical research grants through the National Institutes of Health. A year ago, the Administration requested \$211 million, which Congress increased to a new high of \$294,279,000. This time, the Presi-

dent asked for precisely the same total as voted by the last Congress.

The item that looms the largest in the HEW budget year after year is the fund for public assistance grants to the states for the needy aged, blind, totally disabled, and dependent children. The request this time is for \$2,033,500,000, up \$58.7 million. Many millions of dollars will go toward medical payments for indigent care.

The President also expressed hope that an advisory council on public assistance financing would come up with some recommendations to Congress for increasing state and local financial responsibility in public assistance. The U. S. share averages 57%, although it goes as high as 80% in some states, according to the President. HEW Secretary Flemming insisted the President's proposal would not mean less federal spending.

**Rehabilitation:** The Office of Vocational Rehabilitation would get 12.4% more under the President's budget, or a total of \$66,138,000, which officials say will enable rehabilitation of 90,000 persons a year. Several strong arguments are cited for this program: (1) it takes a certain number of persons off public assistance rolls, and (2) federal tax receipts derived as a result of a person's return to work exceed the cost of his rehabilitation.

Pending completion of a study now under way, the President deferred proposing any legislation for aid to medical schools. If a decision is reached to push for a bill, then the government's policy on trimming back support of non-federal construction would have to be amended.

## Color Additive Bill Planned

The Administration will ask for legislation to regulate use of color additives in foods, drugs, and cosmetics—like the law passed last year regulating use of food additives.

The responsibility would be placed upon the users of colors to prove to the Food and Drug Administration that the materials are safe in the amounts proposed to be used.

Health, Education, and Welfare Department said it would oppose a blanket "grandfather clause" that would sanction continued use of a color simply because it was employed before the law is enacted.

Officials are drafting a bill for submission to Congress this session.

## President's Budget for Fiscal '60

Congress now has before it the President's budget for fiscal year 1960, starting next July 1. The budget merely represents what the White House thinks should be spent on activities—Congress makes its own decisions, and in recent years has regularly increased health appropriations. The table below includes all major health programs. The first column contains amounts the programs are costing for the current fiscal year, the second the specific requests by the Administration for the next fiscal year.

	Estimated Fiscal 1959	Requested for Fiscal 1960
<b>Public Health Service</b>	<b>\$755,702,000</b>	<b>\$598,077,000</b>
Venereal Disease Control	5,400,000	4,873,000
Tuberculosis Control	6,501,000	5,452,000
Assistance to States	23,189,000	22,497,000
Communicable Disease Control	6,872,000	8,015,000
Sanitary Engineering activities	13,256,000	14,275,000
Grants for Waste Treatment Plants	45,000,000	20,000,000
Hill-Burton	186,200,000	101,200,000
Hospitals and Medical Care	50,678,000	45,600,000
Indian Health activities	41,627,000	42,990,000
Construction of Indian Health facilities	4,124,000	3,087,000
NIH (General research and services)	28,974,000	28,974,000
Mental Health activities	52,419,000	52,384,000
National Heart Institute	45,613,000	45,594,000
Cancer Institute	75,268,000	75,218,000
Dental Health activities	7,420,000	7,420,000
Arthritis and Metabolic Diseases	31,215,000	31,215,000
Allergy and Infectious Diseases	24,071,000	24,071,000
Neurology and Blindness activities	29,403,000	29,403,000
Health Research Facilities	30,000,000	20,000,000
Assistance to Schools of Public Health	500,000	1,000,000
Foreign Quarantine Activities	4,350,000	4,460,000
Alaskan Mental Health Construction	6,500,000	
National Library of Medicine	8,479,000	1,566,000
Food and Drug Administration	12,355,000	13,210,000
Office of Vocational Rehabilitation	57,918,000	66,138,000
Children's Bureau	45,822,000	46,000,000
Veterans Administration	862,841,000	890,804,000
Outpatient care	79,954,000	83,866,000
Inpatient care	763,632,000	786,779,000
Hospital and Domiciliary Facilities		
Construction	19,295,000	20,159,000
Atomic Energy Comm. (Medical)	43,242,000	49,000,000
Civil and Defense Mobilization	20,000,000	38,900,000
Defense Department	93,600,000	89,000,000
<b>Medicare</b>		
Army	24,000,000	19,900,000
Air Force	40,000,000	38,300,000
Navy	27,900,000	29,000,000
Public Health Service	1,700,000	1,800,000
<b>Other Medical*</b>		
Army	169,403,000	167,841,000
Navy	89,812,000	99,250,000
Air Force	135,344,200	135,900,000
Federal Aviation Agency		
(Air Safety Research)	19,120,700	33,916,500
Advisory Committee to Selective Service	19,000	19,000
(Also functions as advisory committee to Office of Civil & Defense Mobilization)		

\*Includes operation of medical facilities, but excludes pay of military medical personnel and hospital construction. With all these items included, the figure for the current year is \$715,115,000.

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# Union Members' Medical Care Will Be Surveyed

A nationwide household survey of medical care for members of unions under collective bargain health insurance programs will get under way shortly.

It is being sponsored by the Foundation on Employee Health, Medical Care, and Welfare Inc., formed three years ago by joint action of labor and management specifically to study and report on health and welfare benefits. Its sponsors are the International Association of Machinists and U.S. Industries, Inc.

The objective, the foundation says, is to learn "the quality and extent of health services that employees are receiving through their negotiated health programs." The investigations will look into four types of plans—commercial insurance, Blue Cross and Blue Shield, direct service organizations such as the Kaiser Foundation and the Health Insurance Plan of New York, and union health centers.

The survey will be conducted by the Columbia University School of Public Health and Administrative Medicine.

The foundation declares:

"The very magnitude of health insurance purchasing—either singly in the situation of a major union and a national company with plants located throughout the country, or in the aggregate when many employers and many unions are concerned—intimately affects the availability, character, and quality of medical care in particular communities and in general."

At a Washington meeting at which the new survey was announced, the foundation released a report on a New York pilot study conducted by Columbia University, in which 286 union members were interviewed on their own and dependents' medical care. A total of 829 persons were covered. The findings in brief:

- Unaccredited hospitals receive "substantial use."

- Physicians without staff appointments at accredited hospitals also are used substantially.

- Many workers fail to appreciate levels of professional medical competence.

- Insurance gives greater protection for hospital bills than for physicians' fees for care in hospitals.

- Insurance coverage for home and office care "continues to lag."

- Despite relatively good insurance protection, medical expenses are distributed unevenly on individuals.

Washington headquarters of the foundation is 1300 Connecticut Avenue, N.W.



UPI Photo  
IN FINAL FILM Tyronne Power, who died Nov. 15 of a heart attack, used an hour glass to show how precious time is in the fight against heart disease. The motion picture industry will use the film in the 1959 Heart Fund Campaign this month.

# Rehabilitation Work Honored

Dr. Howard A. Rusk, 57, New York City, will be honored for his work in rehabilitating the physically handicapped when he receives the 1958 Physician's Award presented annually by the President's Committee on Employment of the Physically Handicapped.

The award will be given Feb. 16 at AMA's Congress of Industrial Health at Cincinnati, Ohio. He will be the seventh recipient of the award.

Dr. Rusk founded the department of physical medicine and rehabilitation at New York University in 1946. He is director of Institute of Physical Medicine and Rehabilitation in New York, which he established in 1951.

The Institute has trained more than 260 U.S. physicians, 3,000 therapists, and teams from 28 foreign countries in rehabilitation work.

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AMERICAN MEDICAL ASSOCIATION / JUNE 8-12, 1959

Medical breakthroughs are creating new challenges for every physician. In over 300 scientific exhibits... in 57 seminars and sectional meetings... in 60 medical motion pictures... in daily closed circuit telecasts... all that 2,000 years of medical science have revealed will be brought into focus.

# Nursing Home Bill Supported

The American Medical Association is giving active support to the first health-related bill to come up for consideration in the new Congress. The proposal provides for Federal Housing Administration loan guarantees for the country's proprietary nursing homes—similar to the FHA program for private homeowners.

"We have taken this position because we believe there is a critical need for new and improved facilities tailored to the specific health requirements of older citizens," Dr. F. J. L. Blasingame, AMA executive vice president, wrote a Senate Banking and Currency subcommittee. This group has been conducting hearings on an omnibus housing bill which includes the FHA plan for nursing homes.

The Democratic leadership is pushing for early enactment of the measure in the face of Administration proposals for a more limited bill, one that does not include nursing homes.

George T. Mustin of the American Nursing Home Assn. told the subcommittee that proprietary homes care for the vast majority of nursing home cases and that there is no prospect that this situation will change.

- CHILD BIRTH will be... A.M.A. Annual Meeting... Obstetrics and Gynecology... Pediatrics... Diseases of the Blood... LIVER DISEASES... Diseases of the Blood... Diseases of the Blood...



## Reservations Deadline Set

Medical alumni, fraternal and other groups planning functions at the American Medical Association's annual meeting June 8-12 are asked to reserve registration space by March 16.

All arrangements for meeting rooms, hotel accommodations, luncheons and dinners must be made by the organizations directly with hotels or restaurants in Atlantic City.

Any organization that wants to use AMA's registration space for its own registration must make reservations by March 16 with Bernard F. Kroeger, Circulation and Records Department, AMA, 535 N. Dearborn, Chicago 10, Ill.

Instructions and applications for space at the 1959 meeting are being mailed to executive secretaries of the organizations.



UPI Photo  
A LOBOTOMY, using a powerful beam of protons, was performed recently in Sweden by Dr. Lars Leksell, who is shown making adjustments on the atom-age apparatus in an earlier experiment at the University of Uppsala. The proton-beam technique for producing localized lesions was developed at the University of California's Donner Radiation Laboratory, Berkeley, by Drs. Cornelius A. Tobias and John H. Lawrence.

## Leukemia-Radiation Link Criticized by U.S. Group

A group of this country's top authorities in atomic medicine, formed into a committee to study the effects of radiation on the human body, believe a UN report has gone too far in associating leukemia with radiation.

The U. S. committee, sponsored by the National Academy of Sciences-National Research Council, is under chairmanship of Dr. Shields Warren of Harvard, formerly chief medical officer of Atomic Energy Commission.

**Too Strong:** Its criticism is directed at a report of the United Nations Scientific Committee on the Effects of Atomic Radiation, published recently. While the Americans praise the UN group for a comprehensive report,

they complain that the facts at hand did not justify the strong conclusions.

Some of the U. S. committee's observations:

"Our committee inclines to the view that many forms of cancer, including leukemia, arise through a more or less complex series of responses. While somatic mutations may be included among these, it seems doubtful that a strict linearity analogous to that seen in the genetic effects of radiation is as likely to hold in the case of these conditions. We note also that there is a considerable body of experimental evidence favoring non-linearity in specific instances.

**Knowledge Incomplete:** "Knowledge of the incidence of leukemia and other tumors as well as of the mechanism of radiation tumorigenesis is too incomplete to permit accurate estimates of numbers of cases of radiation-induced leukemia, bone cancer, or other types of tumors. We recognize that the tabulations given by the United Nations Scientific Committee present estimates which range from zero to some thousands of cases and hence imply much uncertainty. We are concerned that greater validity may be ascribed to these figures than the basic data warrant.

"There is perhaps too great an impression created that leukemia is an inevitable result of radiation, neglecting the fact that leukemia develops in only a fraction of radiologists, heavily exposed by occupation. Even in the Nagasaki and Hiroshima survivors the incidence of leukemia appears to have reached a low-level peak several years ago and to be decreasing at the present time."

## Medicare Tops Appropriation

In the face of evidence that the program would cost a great deal more, Congress last year cut the Medicare appropriation to \$72 million, and "advised" Defense Department to spend no more than that on civilian care for military dependents.

Now, as disclosed by Army Surgeon General Silas B. Hays and the federal budget, the operation will cost between \$90 and \$93.6 million before the fiscal year expires next June 30.

Appearing before the House Armed Services Committee, General Hays said the Navy would put in a deficiency appropriation bill for \$6 million, and that the other services, by shifting funds, would make up their own Medicare shortages without appealing to Congress. He later told *The AMA News* that the total cost would be at least \$90 million.

The budget, estimating that Medicare spending this year will be \$93.6 million, asks \$89 million for next, anticipating that restrictions put in effect in October will hold down costs. For background on Medicare see *The AMA News*, Jan. 26.

## Stamp Design Bill

A bill introduced in the South Dakota Legislature would require a skull and crossbones design on the state tax stamp affixed to cigaret packages. The measure was introduced by Sen. Don Stransky of Chamberlain, S.D., a chain smoker. It has been passed by the Senate and sent to the House.

# IN THE MAKING...



The fabulous Boardwalk and world renowned Steel Pier offer a panorama of activities. Swimming, seashell hunting, fishing and golf are always popular recreation activities of this seaside resort.

Atlantic City restaurants have an international reputation. Sea foods and steaks are their specialties.

The scientific hub for the meeting will be Convention Hall—largest auditorium in the city—opening seven full acres. Within walking distance are 60 modern hotels and restaurants accommodations for more than 100,000 people.

Served by two major airlines, Atlantic City is equally accessible by rail and bus. In addition a number of superhighways skirt the city.

The setting is just right. The scientific program will be the most exciting and comprehensive ever presented to the medical profession. So among the physicians at the 105th Annual Meeting. Register now.

See February 14, 1959, issue of *The Journal of the American Medical Association* for advance hotel and meeting registration forms. A detailed map showing hotel locations is provided for your convenience.



## Medicolegal

### Acts of Interns May Affect MD

A physician is responsible for the acts of interns and residents carried out under his immediate direction and control.

Applying the "borrowed servant doctrine," the courts have generally held that interns and residents at the hospital become the agents of the attending physician when they are acting under his immediate supervision and control.

However, this does not mean that interns and residents may not be sued for malpractice and they should be cognizant of this.

**Private Hospitals:** A private hospital is responsible for the acts of negligence of its interns, residents, and other employees in the same manner as the ordinary employer.

But in most states, municipal, county, and other governmental hospitals may not be sued for the negligence of their employees. This rule also applies to charitable hospitals in some states.

In these hospitals, the intern or resident may find that he is standing alone when it comes to defending a professional liability claim.

Also, by law, if a hospital or physician has been required to pay a patient damages for injuries caused by an intern or resident, the hospital or physician could in turn recover from the intern or resident if negligence is attributable solely to the latter.

**Physician Liable:** However, if an attending physician has personally participated in malpractice committed by the intern or resident, he is liable because he also is a wrongdoer.

This is usually the situation where a surgeon and an intern or resident are alleged to have been negligent in performing an operation.

Interns and residents have the moral responsibility to the patients whom they treat to make sure that adequate insurance coverage exists to pay bona fide claims that may occur.

This is especially important if the employing hospital is a governmental or charitable institution that is not liable under local law for the negligence of its employees.

### 20 Fellowships Are Available

Twenty fellowships for qualified persons interested in counseling and job placement of the cerebral palsied and those with other physical handicaps now are available from the National Society for Crippled Children and Adults.

Applications are available from and must be returned by March 16 to Personnel and Reporting Service of the National Society, 2023 West Ogden Ave., Chicago 12, Ill.

Grants will be \$300 each and the awards will cover four weeks of specialized training at the Institute of Physical Medicine and Rehabilitation of the New York University-Bellevue Medical Center.

A new record: total of 246,562 persons were served during 1958 in programs and facilities operated by Easter Seal societies or in co-sponsored projects, according to the year-end report issued by the National Society for Crippled Children and Adults.

### It's Possible

Is it possible to cut down on the number of malpractice suits—most of which are unwarranted?

A survey has shown that almost 65% of the malpractice suits are originated after a physician makes remarks on treatment given by another doctor. Many times no criticism is intended, but the patient misunderstands and files suit.

Enough said!

### Circulation Rises

Paid circulation for *Today's Health*, published by the American Medical Association, will exceed the half million mark with the May, 1959, issue, announced Robert A. Enlow, manager Circulation and Records Department.

## Courts Move To Halt 'Reflexology' Practice

Courts are getting a toe-hold on a form of foot massage netting \$3 million annually in South Dakota.

A number of injunctions have been issued to halt the practice of "reflexology."

The actions charge the practice of healing arts is in violation of the state's basic science law.

South Dakota's basic science legislation limits the healing arts to doctors of medicine, osteopathy, and chiropractic.

Theory of reflexology is that all nerve endings are in the feet, and that by massage of the feet it is possible to treat ailments ranging from minor aches to cancer.

Injunction actions have been brought by John Zimmer, Parker, attorney for the state's Basic Science Board.

John C. Foster, Sioux Falls, executive secretary for the State Medical Association, learned 300 reflexologists were operating in South Dakota.

Some reflexologists were said to have branched into sale of food supplements.

"The medical profession does not think feet have been hurt by rubbing them," said Foster. "It does feel procurement of a medical doctor has been stalled in some cases to the detriment of the patient."

# ONE LOOK AT THE NEW

## Today's Health

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American Medical Association



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## Scientific Briefs

**Pregnancy:** The successful reversal of pregnancy in dogs with a drug made from spent brewer's yeast has been reported by a Yale University pathologist. Dr. Leon F. Whitney said the drug, malucidin, is injected into blood stream in large doses, causing pregnant dog to absorb the embryo into the blood stream. The drug has been used successfully in dogs between the 10th and 42nd day of pregnancy.

**Space:** Wild new strains of infectious micro-organisms could present a health hazard for future space men, warns Alton E. Prince, Ph.D., biochemist at Wright Air Development Center, Dayton, Ohio. He said spores, which are "quite tough" in a vacuum, could survive on space vehicles, undergo mutations, and produce new species that would be dangerous to human life.

**Tobacco:** A group of Texas scientists said a growing amount of arsenic is being found in cigarets, apparently from insecticides used to spray tobacco plants. They added it still has not been proved that the increased arsenic in cigarets is related to the increase in lung cancer deaths. Research group included scientists from U. of Texas' Southwestern Medical School and a VA hospital, both in Dallas.

**Genetics:** A North Carolina State College scientist has produced a disease and wilt-resisting type of peanut by atomic radiation. The accomplishment by Dr. Walton C. Gregory has been called a milestone in fundamental genetics since it is one of the first times an improved strain has been developed through atomic research. Genetic systems were jumbled by irradiating peanut seeds. Plants grown from these seeds were crossed until the desirable variety was developed.

**Vaccine:** Parke, Davis & Co. hopes to have a "common cold" vaccine and a measles vaccine on the market before the end of 1959. The cold vaccine is aimed at seven of the adenoviruses. The measles vaccine presently is under clinical study.



ANTI-TB message, "Don't Spit on Sidewalk," is on this old brick from a Kansas sidewalk. Carol Ann Malecki holds mounted brick presented to AMA.

## Anti-Spitting Bricks Revived

Relics of an early fight against tuberculosis are being used this year to remind Kansans that the fight against TB is a constant one.

Fifty-year-old bricks with the message, "Don't Spit on Sidewalk," were given each of the 115 local associations of the Kansas Tuberculosis and Health Assn. for display in observance of the 50th anniversary of the organization of the association.

The bricks were designed by the late Dr. Samuel J. Crumbine, first president of the association and pioneer Kansas public health official.

Bricks were dug out of old sidewalks from various Kansas cities and mounted on tile plaques with notations of their medical history. One of the bricks was presented to the American Medical Association.

The "Don't Spit" slogan, together with others—"Swat the Fly," "Bat the Rat," and "Sleep With Your Windows Open"—were used by Dr. Crumbine in his early day crusade to improve public health conditions in Kansas.

Patients at the Southeast Kansas Tuberculosis Hospital became interested in the campaign to use the bricks and made the tile plaques and mounted the bricks.

## Stating It Briefly

**Maine Went:** 14,000 people of York County, Maine, took advantage of free diabetes tests during Diabetes Detection Week. The program under the direction of Dr. Melvin Bacon of Sanford, had a goal of 11,500 of York County's population of 94,000.

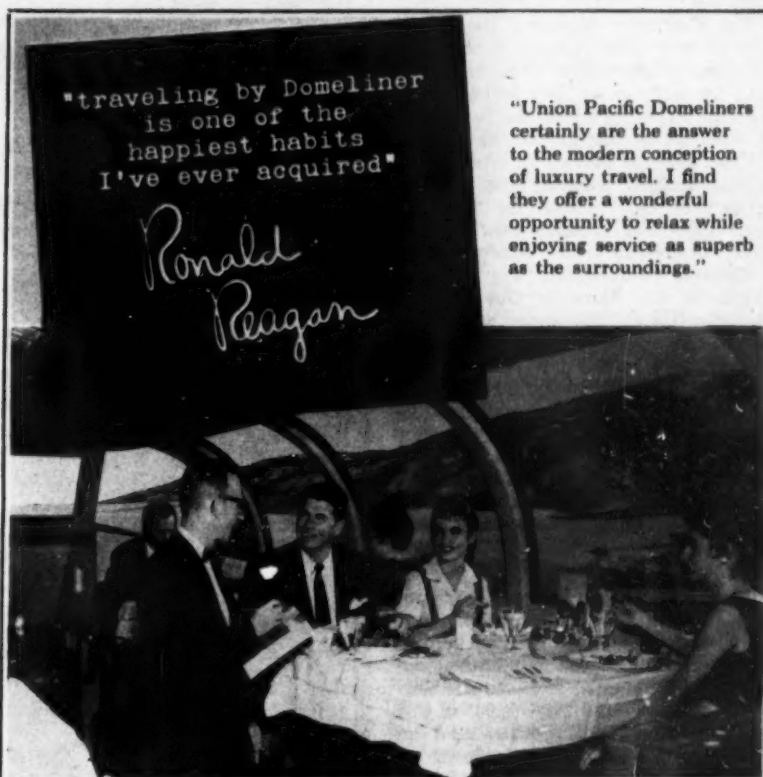
**Hired:** Florida Medical Assn. has hired Alvin D. James as director of its new legislative department. . . . Howard Hassard has been named executive director of California Medical Assn. He will combine his new post with his position as legal counsel.

**Retired:** Dr. George W. Johnson, after 50 years practice in McAlpin in Raleigh County, W.Va. . . . R. R. Rosell, executive secretary of Minnesota State Medical Assn. for 21 years. His successor is Harold W. Brun, assistant executive secretary past seven years.

**Insurance Form:** Ohio State Medical Assn. has developed simplified insurance claim form for use by Ohio's physicians. OSMA hopes new form will be adopted by all insurance companies.

**Civic Leader:** Dr. Arthur P. Martini is the new president of Eugene, Ore., Chamber of Commerce. He's first physician to serve as president since 1935. Dr. Martini is past president of Lane County Medical Society.

**Honors:** Dr. P. J. Weyrens was given plaque for 30 years service to community of Hebron, N.D., at combined meeting of Lions clubs of Hebron, Glen Ullin, and New Salem. . . . A new 35-bed hospital at Tyler, Minn., has been named Dr. A. L. Vadheim Memorial Hospital after physician who has practiced there for 48 years.



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"Dine dining? That's for me! It's one of the extras I can enjoy on a Domeliner. Another thing—I like my comfort. Take the new Pullman accommodations, for example. For six footers like me, the wide long-length beds assure a good night's rest. And, during the day, I have a 'private room' where I can study scripts or just take it easy, as though I were home."



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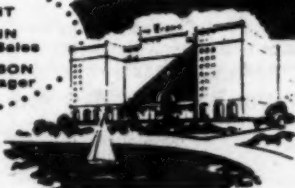
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# National Medicine Failing in West Germany

Government medicine in the West German Federal Republic is floundering—creaking under the load of ballooning costs, physician revolts, and the insatiable greed of the public, according to a report by a Health News Institute correspondent in West Germany.

In West Germany, 80% of the population is covered by socialized medicine, 12.5% by private insurance, 5% is without any coverage, and 2.5% is covered by poor people's aid.

**Many Feel Cheated:** About 15% of all people covered by government medicine are persons who take advantage of the low rates even though they are now in economic circumstances where they can well afford to take care of their medical problems, the newsmagazine, *Der Spiegel*, reports. "The result is that some of the more affluent people send their chauffeurs to the pharmacy to call for their free medicine."

The magazine reported that persons covered feel cheated if they do not obtain something from the system. In many cases they force physicians to write prescriptions for items of convenience that are not needed.

"The average patient in one of the largest Munich general hospitals remained in the hospital for 21 days until 1955 and remains now for 38 days," according to *Der Spiegel*.

**Sickness Encouraged:** "For election purposes, the German Government passed a law in 1957 under which the socialized system must pay each worker 90% of his net salary for a maximum of six weeks while he is sick. He obtains this compensation for the first two days of his sickness only if he remains sick for at least 14 days. This encouraged those covered to be sick for at least 14 days during a wave of influenza. During this wave most parts of the system lost most of their reserves and ran into debt."

In an attempt to balance the budgets, contributions to the government have increased until in one area a worker earning \$165 a month must pay \$17.50 a month. Because the German worker must pay 14% of his gross earnings to the retirement income fund, 2% to unemployment insurance, 2.4% to accident insurance, and 1% to family insurance, his total deductions for social purposes amount to nearly 30%.

"Even with this substantial income, the local unit of the system in Hamburg owed the local hospitals about \$2 million and had to obtain a loan of nearly \$4 million from the city," the German newsmagazine reported.

**Physicians Revolt:** Another difficulty for the system resides in the revolt of the physicians who, incited by early inequities of predecessors of the system, formed an economic self-defense organization as early as 1900, the magazine said.

"Partially because Hitler encouraged the study of medicine to have army physicians, Germany has today many physicians but these doctors have very few private patients," according to *Der Spiegel*. (Imperial Germany had 35,000 physicians for 67 million people, while the Federal Republic of today has 70,000 physicians for 52 million inhabitants.)

The magazine points out that under the prevailing system each physician records the amount due for each service he performs for a patient according to strict tariff of the German Government. But the more sickness there is, the longer such sickness lasts, and the more difficult its treatment, the less the physician receives

for each individual case. Sometimes actual payments run from 45% to 85% of the total of tariff items actually recorded.

**Payment Declines:** A Munich physician, Dr. Meider, quoted by the magazine, said that thyroidectomy for destitute patients brought in 1896 about 32 gold marks while in 1957 the physician received only 28.32 highly devalued Deutsche Marks (about \$7).

"Even if a doctor is able to reach a private practice amounting to 25% of his total income, his average yearly income would be 18,000 DM from the system, plus 6,000 DM privately providing him with 24,000 DM (less than \$6,000 gross)," the magazine said. After taxes he would have less than \$4,500 net. And after deduction for old age insurance the MD keeps less than \$3,000.

"This system in turn has led physicians to manipulate their accounting systems and they obtain not infrequently sickness certificates for the healthy wife of a patient, his healthy children and parents," according to the magazine.

The conditions reportedly have led to a serious deterioration in the quality of medical care. The most serious example cited by *Neue Illustrierte* is that West Germany has the highest mortality rate for women from pregnancy through childbirth of any civilized country in the world with the exception of Japan.

In 1956, 312 of each 100,000 German mothers died of complications during pregnancy, 150 of miscarriages, and 675 during difficult deliveries—1,137 deaths per 100,000.

Last year, in comparison, the U.S. Public Health Service reported that maternal mortality was at an all-time low of 3.9 per 100,000 births, a drop from 58.2 per 100,000 just 20 years ago.

Because the overworked German physician on state service has inadequate time for attending during pregnancies, about one-half of all pregnant women go unattended and frequently present complications at delivery time.

The German government is currently wrestling with the problem of reforming its social insurance system but is caught between union demands to make matters as convenient as possible for the worker, the financial problems of the system, and the substantial problems the German physicians encounter under this system.



"Can't I go, too?"

HUSBAND: "To Europe? But this is business... besides, we're not *that* rich!"

WIFE: "You can save \$300 on my ticket if we fly KLM."

HUSBAND: "That so?"

WIFE: "And the same for each of the children."

HUSBAND: "Sounds good, but what about...?"

WIFE: "And we can see lots of cities over there—free!"

HUSBAND: "Mmmmm..."

P.S. She went. First Class, too. Why don't you find out all about KLM family fares to Europe—including the substantial Economy Class savings? Remember, KLM features non-stop DC-7C service from New York, one stop from Houston.

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## The Doctor's Office It's Losing That Clinical Look

The doctor's office is losing its clinical look and taking on the appearance of a living room.

Soft, beautifully grained wood, fabrics in bright colors, sofas that are comfortable, file cabinets that look like fine furniture, all are being used to make the doctor's office more attractive.

On display at the International Home Furnishings Market at Chicago were new lines of furniture that fit as easily into a home office as into a business office.

**Fabric and Wood:** Doctors who are furnishing or refurnishing offices today are avoiding the clinical, hospital green look by using fabric instead of leather and wood instead of metal.

Doctors buy chairs for their waiting rooms since sick people do not want to sit together. For those who want something more modern than traditional wood, there are chairs in many forms of plastic. One set is called the "Lotus" and "Tulip" after their flower-inspired designs.

Another firm has developed a means of molding plastic shells which are upholstered and made to look like traditional chairs. The process provides sturdiness at less expense, the manufacturer claims.

**Tables and Cabinets:** Tables also come in plastic. Or there's a more expensive series with white Formica tops and walnut rims set atop stainless steel stretchers and legs.

Many cabinets, shelves, and magazine display racks are designed to be hung on the wall to contrast with pieces set on legs.

One manufacturer carries the fine furniture look to the filing cabinet. Of polished walnut, it looks like a low chest of drawers. A matching piece of furniture can contain a refrigerator or a safe or shelves.

## Doctors Reply To Columnist

Three Charlotte, N.C., physicians were quick to answer columnist Sylvia Porter's comments on rising medical costs.

Drs. David G. Welton, Paul G. Donner and James E. Hemphill prepared the answer which was published on the editorial page of *The Charlotte Observer*.

Miss Porter said "the cost of medical care has been skyrocketing in the past few years, has risen far more than the overall cost of living."

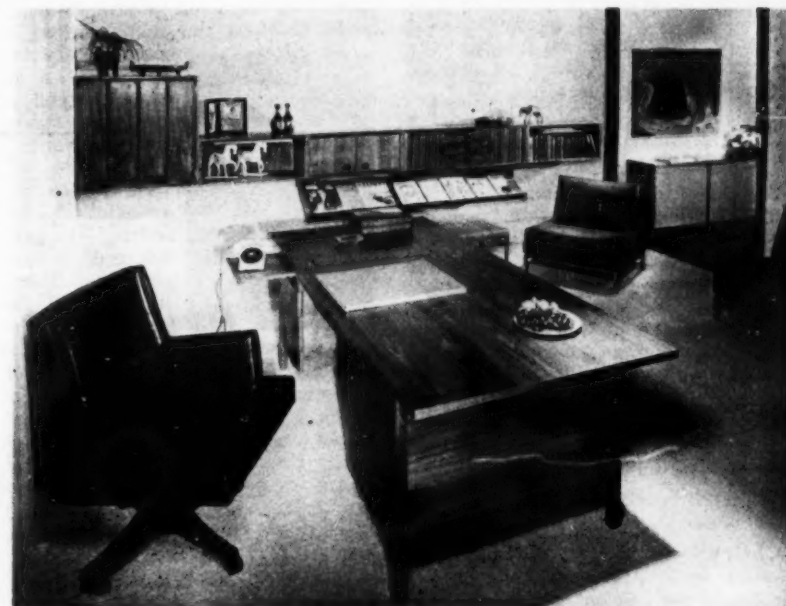
The physicians pointed out that physicians have followed rather than led in the rising price index; that since 1945 the doctor has been getting a decreasing part of the medical dollar; that hospitals, being used more and especially vulnerable to rising overhead costs, are the major problem in medical costs, and that voluntary health insurance has had a remarkable growth.

## Pamphlet Available

U.S. Children's Bureau now has a pamphlet to help parents and schools in dealing with a child who is especially bright or unusually talented. It is titled "Your Gifted Child," and is available for 20 cents at the U.S. Government Printing Office, Washington, D.C.



SEGOVIAN WALNUT is used in this big double desk fit for a physician. In the background is a waiting room with the look of a room in a private home.



FINE WOODEN FURNITURE gives a doctor's office the look of a sitting room. Here, an office is furnished with a walnut desk and matching cabinets and bookcases mounted on the wall. The armless chairs have softly turned stainless steel bases.

## Selective Service Warns Hospitals

Hospitals and medical schools have been warned by Selective Service System that any staff or faculty members on the ready reserve rolls cannot expect delays when and if called to duty, even though their positions may be regarded as essential.

SS did not indicate that any emergency was in sight. It recommended that doctors who are in essential posts and are members of the ready reserve ask transfer to the standby reserve, where possibility of call-up is less likely and deferral more easily granted. The standby reserve does not provide pay, but time in it is credited toward retirement.

SS urged hospitals and schools to check up on the military status of their personnel at the present time rather than waiting for an emergency.

## Noted Medical Film Scheduled

One of television's most acclaimed documentaries — *MD International*, the inspiring story of the work of American doctors who serve in the far corners of the world—will be rebroadcast in color from 5 to 6 p.m. (EST) Sunday, February 22, on the NBC-TV network.

No other medical documentary has received the praise accorded *MD International*. The nation's television critics, without exception, hailed the March of Medicine program for its message of man's humanity to man.

Response from TV viewers, members of the medical profession and the clergy was equally enthusiastic when the program was originally presented by the American Medical Association and Smith Kline & French Laboratories in January, 1958. A re-run has been inevitable almost from the moment the program went off the air, Smith Kline & French and the AMA said.

*MD International* sought to present two aspects of the work of U.S. doctors overseas—their dedication as men of medicine, and their service as unofficial ambassadors of U.S. good will. To find these selfless men and women, a special seven-man March of Medicine film crew traveled 34,000 miles in 81 days—using every means of transportation from turbojets to Tibetan ponies.

March of Medicine was the first series to receive the Albert Lasker Award for medical journalism. *MD International* was chosen by the U.S. State Department to be shown at the Brussels World Fair.

## New Drug Products Total 370 in 1958

The U.S. pharmaceutical industry introduced 370 new specialty products, including 44 new single chemical entities, in 1958, according to an annual survey by Paul de Haen, New York city, consultant to drug manufacturers.

The total number of new products is the lowest in six years, reflecting increasingly mounting costs of promotion and marketing.

Sixteen of the 44 new chemicals either were developed in foreign countries or were marketed by firms which are owned abroad.

Cough and cold preparations formed one of the largest new product groups—13 new cough mixtures, 20 cold products. There were five new products in antibiotics.

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# Your Business Income, Expenses

(Editor's note: This is the fourth article in a seven-part series intended to give physicians useful information and tips in preparing their 1958 income tax returns.)

**Business or professional income and expense are reported on a separate form Schedule C, "Schedule of Profit (or Loss) From Business or Profession."**



**Nonbusiness deductions — if itemized — should be listed on page 2 of the Form 1040 tax return.**

When a physician files his first income tax return after he has begun private practice, he may elect to report his income either on a cash or accrual basis.

Cash basis means income is taxable only when it is received and expenses are not deductible until paid. Accrual basis means income is taxable in the year it is earned, even if uncollected, and expenses are deductible in the year incurred, even if unpaid.

Professional people usually prefer the cash basis since fees are not always paid promptly and collections are frequently less than billings.

Once an accounting system has been chosen, it may not be changed without the permission of the Commissioner of Internal Revenue.

**Income:** Occasionally, a doctor may accept a note, merchandise, or services in payment of a bill. These are includable in his income at fair market value.

**Gifts** that are given to a doctor by a patient in gratitude or recognition for professional services which he has rendered are actually income to him and should be reported.

**Expenses:** Here is a checklist of most of the usual expenses incurred by doctors. To the extent that these are ordinary and necessary in conducting a professional practice, they are deductible on separate Schedule C, Form 1040.

**Accounting—Fees** paid for installing and maintaining an accounting system, bookkeeping, auditing, and preparation of tax returns.

**Automobile—Automobile expenses** incurred in making professional calls. No deduction is allowable for expenses while commuting between home and office.

**Bad Debts—If** previously included in income.

**Bank charges—Service charges** for professional checking account.

**Casualty losses—Loss** by fire, flood, theft, etc., of property used in professional practice, if not compensated by insurance.

**Collection fees—Fees** paid to collection agencies or attorneys.

**Conventions—Costs** incurred in attending conventions directly related to professional practice. This does not include wife's expenses.

**Damages—Payment** of damage claims or judgments, including litigation expenses, arising out of professional activities.

**Depreciation—Annual allowance** to recover cost of professional property having a useful life of more than one year.

**Dues—Expense** of membership in local, state, or national medical professional organizations. Also proportionate part of membership costs in

## Guides Offered

Copies of a special edition of *The Journal of the American Medical Association* entitled, "1958 Federal Income Tax Guide for Physicians," still are available. Physicians may obtain the tax guide by writing to:

Law Division  
American Medical Association  
535 N. Dearborn St.  
Chicago 10, Ill.

belonging to other organizations to the extent that membership is for the purpose of increasing professional income. This does not include expenses of a doctor's wife in an auxiliary society.

**Education—Expenses** incurred in attending refresher courses.

**Entertainment—Costs** of entertaining doctors who refer patients and similar expenditures to attract and retain patients.

**Flowers—Costs** of flowers for the reception room, as well as flowers for patients and funeral wreaths.

**Gifts—Costs** of gifts given to employees, hospital staff and patients for business rather than personal reasons.

**Insurance—Premiums** on policies written in connection with professional practice such as professional liability, insurance on professional property, etc. This does not include disability or life insurance.

**Interest—On indebtedness** arising out of professional practice, such as purchase of equipment or building used for office.

**Laundry—Cost** of laundering items used in professional practice.

**Leasehold Improvements—Cost** of improving or remodeling a doctor's office may be amortized over the useful life of the improvements or the remaining period of the lease, whichever is shorter.

**Legal—Costs** incurred in collecting delinquent accounts or defending professional liability suit. Expenses in unsuccessfully defending a criminal or license revocation proceedings are not allowable.

**Licenses—Fees** for narcotics and annual doctor's licenses.

**Magazines and books—Cost** of professional journals, and magazines and newspapers for the reception room; also cost of books that have only temporary value. Reference books having more or less permanent value should be depreciated as with other capital equipment.

**Maintenance—Expenses** such as electricity, gas, heating fuel, repairs, cleaning, painting, decorating, etc.

**Medical supplies—Drugs, chemicals, dressings, vaccines** and such items that do not have a normal life of more than one year.

**Moving—Costs** incurred in transferring practice to new location.

**Office supplies—Stationery, postage, pens, pencils, etc.**

**Rent—Rent** paid in leasing equipment or office space. If residence is also used as a bona-fide office, the portion of the rental reasonably attributable to office space is deductible.

**Residence—Reasonable proportions** of rental, taxes, mortgage interest, utilities, janitor expenses, various types of insurance, and repairs if

office or bona-fide second office is located in doctor's residence.

**Salaries—Amounts** paid to nurses, technicians, secretaries and assistants, including employer's payroll taxes. Also proportionate part of wages paid to servants who clean both office and residence. Includes bona-fide wages paid to a dependent child for services as chauffeur, receptionist, etc., but does not include the cost of meals and lodging for the child.

**Taxes—Personal property and real estate taxes** levied on property used in professional practice; occupation taxes or taxes on gross receipts from professional taxes; sales and use taxes on purchases of supplies and equipment; and employer's payroll taxes.

**Telephone—Expenses** incurred for office telephone, professional telephone calls made from residence or elsewhere; also telephone answering service.

**Uniforms—Costs** of professional uniform if necessary for reasons of custom and sanitation.

(Next Issue: Depreciation and Other Expenses.)

## Thrift Assembly Names Director

The American Thrift Assembly, formed to work for passage of legislation to allow the self-employed to defer income tax payments on money placed in retirement funds, has a new executive director.



He is Robert A. Ansheles of Alexandria, Va., who resigned as congressional liaison officer for the Department of Health, Education, and Welfare to take the post. He formerly was legislative assistant to Sen. Ralph E. Flanders of Vermont.

Last year the legislation, identified as the Keogh Bill, passed the House by an overwhelming margin, but lost out in the Senate. The assembly hopes to get congressional action this session on similar legislation.

ATA's national office is at 1025 Connecticut Avenue, N.W., Washington, D.C. American Medical Association is among the many national groups sponsoring the assembly.

## 3 of 5 Families Fully Protected

In three out of every five American families, each member of the family is protected by health insurance, according to Health Insurance Institute.

Of the nation's 55 million families, which includes persons who live alone, about 60% have every member of the family covered with some form of health insurance.

Another 13% have some but not all of their members insured. Thus, in 73% of American families, at least one member of the family has health insurance. In the other 27%, no member is insured.

The information, based on a nationwide survey conducted by National Analysts, Philadelphia, Pa., shows that urban residents are more often insured than rural persons.

Nationally, the number of Americans protected against the cost of hospital and doctor bills through insurance company programs, Blue Cross-Blue Shield and other health care plans, was estimated at 121 million at the end of 1958.

## Science Kit Offered

Physicians and others interested in improving the teaching of science and mathematics in secondary schools may order a local action kit from E. L. Keenan, Office of Civil and Defense Mobilization, Washington 25, D.C. The kit was prepared by the President's Committee on Scientists and Engineers. The American Medical Association was represented on the subcommittee on local action.

### OLD REWARD POSTERS

NOW, by courtesy of Wells Fargo, we are privileged to offer a limited edition of exact facsimiles of the authentic original rare "REWARD POSTERS." Unique collector's items, they make picturesque decorations to display in your den and recapture the exciting adventure and raw violence of the Old West. 12 posters, all different at 50 cents each, or the entire set of 12 posters for only \$2 while the supply lasts.

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NEW ILLUSTRATED BOOK gives up-to-date prices of over 2,000 American pistols, revolvers. Describes every make, model, from flintlock through automatic. Plus information how to collect old guns, make money, etc. Valuable for buying, selling, collecting. ONLY \$1—POSTPAID. Order Now.

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J-P Sales Co., P.O. Box 546, New Rochelle, N.Y.



# Savings Bonds Are Risk-Free

Many investment counselors recommend that a client keep at least one-third of his financial assets in absolutely risk-free securities. One example of a safe investment that offers a fair rate of return is the U.S. Savings Bond.

Savings Bonds offer these advantages:

- You are always sure of getting back your full investment, plus a guaranteed interest return.

- They are a precise investment. You don't have to watch the financial pages for market quotations. The redemption schedule on the back of each bond tells its cash value at any time. The market is never down.

- They are liquid. You can convert them into cash at the nearest bank—without red tape or fanfare.

- There's never a service charge. Your bank will be glad to issue your bonds—or redeem them—without cost to you.

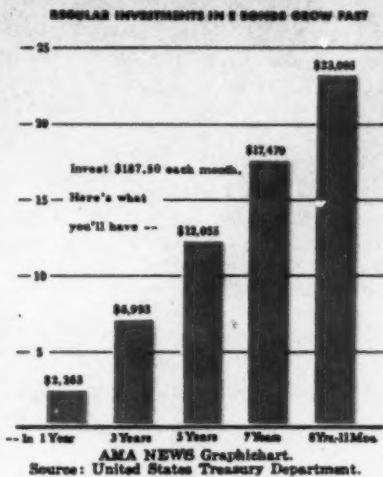
- The longer you hold an E bond, the larger it grows, up to maturity. After eight years and 11 months, you get back \$4 for every \$3 you invest.

- The interest yield is guaranteed at 3½%, compounded semi-annually, when held to maturity.

- Income on E bonds is not subject to immediate taxation. You may elect to pay taxes for the year in which bonds are redeemed (which could easily be after retirement).

Series E bonds are offered in seven denominations: \$25, \$50, \$100, \$200, \$500, \$1,000, and \$10,000. Cost price is three-fourths of these amounts. Purchases are limited to \$10,000 maturity value (\$7,500 cost price) in each calendar year.

Ever stop to figure how fast your savings grow when you invest in Series E. U.S. Savings Bonds? Let's say you put aside \$375 each month to buy a \$500 E bond. By the time your first bond matures (in eight years and 11 months), they will have a total cash value of \$46,011. Even if you'd saved



only \$75 each month, you would have \$9,202.

Here's how it works. Assume you buy a \$100 E bond each month, at a cost price of \$75:

At the End of Years—Months	Your Bonds Will Be Worth
0—6	\$ 450.60
1—0	905.32
1—6	1,366.84
2—0	1,835.68
2—6	2,312.48
3—0	2,797.48
3—6	3,290.88
4—0	3,792.72
4—6	4,303.20
5—0	4,822.36
5—6	5,350.40
6—0	5,887.32
6—6	6,433.16
7—0	6,988.12
7—6	7,552.24
8—0	8,125.72
8—6	8,708.56
8—11	9,202.32

This represents the purchase of one bond each month for eight years and 11 months, or 107 bonds. If each bond is held to maturity, the total value would be increased from \$9,202 to \$10,700.

If you wanted to strike a happy

medium and invest, say, \$187.50 each month, you could buy one \$200 bond and one \$50 bond. After one year, you would have bonds worth \$2,263; after three years, \$6,993; five years, \$12,055; seven years, \$17,470; and eight years and 11 months, \$23,005. (See chart.)

The Treasury also offers a current income bond (Series H) that pays interest by government check each six months. It carries the same 3½% interest rate when held to a maturity of 10 years. It is offered in sizes of \$500, \$1,000, \$5,000, and \$10,000, which is also the annual purchase limit for this series.

After a six-month holding period, H bonds may be redeemed upon 30 days notice. Income taxes on the interest return from H bonds must be paid annually, of course.

One more thing. If you want to make this investment plan completely automatic, ask your bank to deduct the amount from your checking account each month and mail you the Savings Bond. Most banks are glad to render this service to their customers.

## Welfare Costs Study Starts

The involved relationship between U.S.-state public assistance, which includes millions of dollars for medical care, and Federal Old Age, Survivors and Disability Insurance is under study by a new 12-member council.

Among other things, it will attempt to decide what share of public assistance should be borne by the states and what by the federal government.

Because social security (OASDI) covers an ever-increasing number of retired persons, the number of persons on old-age relief is steadily declining. However, the total amount of money going for public assistance for the aged increases annually, partly because of growing emphasis on medical care.

The council, appointed by Health, Education, and Welfare Secretary Arthur Flemming, is to report back to him and to Congress by January 1. Social Security Commissioner William S. Mitchell is chairman of the group. Other members represent a cross-section of the professions, business, labor, and industry.

## \$15 Million in Grants Awarded by NIH

During December, the National Institutes of Health awarded 847 research grants and 119 fellowships, worth a total of \$15 million. The breakdown:

Cancer institute, 46 research grants at \$564,000; Heart Institute, 34 research grants at \$481,936; Institute of Allergy and Infectious Diseases, 41 grants at \$716,694 and 3 fellowships at \$7,785; Institute of Arthritis and Metabolic Diseases, 18 grants at \$165,695 and 2 fellowships at \$14,345; Institute of Dental Research, 37 grants at \$316,881; Institute of Mental Health, 46 grants at \$893,968 and 4 fellowships at \$11,869; Institute of Neurological Diseases and Blindness, 73 grants at \$1,127,947 and 1 fellowship at \$4,850; Division of General Medical Sciences, 4 grants at \$64,465 and 4 fellowships at \$2,592.

## Industry Hears Economy Plan

Speaking before the 83rd Congress of American Industry recently, Postmaster General Arthur E. Summerfield offered a four-part program to assure the security of the U.S. at home and abroad.

His program:

- "We must keep our strength both military and economic in the face of our avowed enemy.

- "We can do this only through maintaining economic well-being and continued growth.

- "This requires a stable dollar, achieved in the main through provident government financing along with control of pressures on prices caused by the insatiable and reckless wage and political demands of a few union labor bosses.

- "Private savings, private investment, and above all, private initiative, made us what we are today. Let no one be deceived into thinking that state investment and state planning are worthwhile substitutes."

Pointing to the swift recovery of the economy without pump-priming, Summerfield expressed apprehension about the spending inclinations of newly-elected congressmen.

"The wild spending proposals that are being rumored for introduction ... constitute a reckless tampering with the recovery," he warned.

"America today teeters on the precipice of a labor-bossed Congress. ... This means that Congress will not be guided by the traditional principles of either party. I think it is high time that the American people demand that the political activity of organized labor be brought within reasonable bounds, and clearly governed by law," he declared.

Meanwhile, he said, "businessmen by holding back from active participation in politics are only contributing to the destruction of the way of life in which they believe and on which they depend."

## Nursing Research

Last year, Public Health Service reports, it awarded more than \$1 million in grants and fellowships for nursing research. Included were 15 research projects and 12 fellowships.

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## Here's How To Get

## More Miles Per Gallon

Most physicians can add more miles per gallon of gasoline if they use these tips from the expert drivers who compete in the annual automobile economy runs:

- Have your motor tuned and carburetor adjusted in accordance with recommendations of the manufacturer.

- Use a lighter grade of oil in cold weather, unless the manufacturer recommends otherwise. This makes for a briefer warmup time.

- Keep brakes properly adjusted so they don't drag. And keep the tires at the maker's recommended air pressure. Every pound under that will cost you extra gas.

- Always accelerate gradually. Worst single gas-eating fault is to slap the accelerator down hard. One expert says, "Imagine the accelerator pedal is an egg. You'll treat it gently, and your mileage will register the difference."

- By planned driving—looking ahead, judging the timing of traffic lights, cutting down on stops and starts, and too frequent variations in speed—it is possible to save as much as one gallon of gasoline for every three you use.

- Watch that tendency to use the brakes too often. Drive alertly and try to anticipate places where you will have to slow down or stop. Slow down when you see a curve ahead, in advance of exits, entrances, crossroads, and changes in the flow of traffic. Avoid excessive passing, don't weave in and out of traffic. Keep a steady pace going up hills.

- Biggest gas eater on the highways is speed. At a steady 40 mph your gas mileage will drop 10% from what you would get at 30 mph. At 60 it will drop about 30%; at 80, about 50%. You can save one gallon of gas out of every four by driving at 50 mph instead of at 70. And it's safer, too.



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